

SEP 15 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No.....  
Primary Registration District No. **1003**  
(No. 2326 Union Blvd.)

**791**  
**1003**

File No. 33148  
Registered No. 9050  
St. .... Ward

2. FULL NAME Helen Hahn Drosten

(a) Residence, No. 2326 Union Blvd., St. 6 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Drosten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 7 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Henry Hahn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Herman Drosten  
(ADDRESS) 2326 Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Sept. 2nd, 1936

19. UNDERTAKER Drehmann Naraal  
(ADDRESS) 1905 Union Blvd.

20. FILED J. Bredeck  
19 Aug 31 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30th, 1936

22. I HEREBY CERTIFY, That I attended deceased from for past 3 years to August 29, 1936, 19...  
I last saw her alive on August 29, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Organic Valvular Heart lesion  
59  
Other contributory causes of importance: Diabetes (sugar)

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19...  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J. H. Stark, M. D.  
(Address) 2330 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 25 1957